

Certificate of Employers' Liability Insurance (a)

(Where required by regulation 5 of the Employers' Liability (Compulsory Insurance) Regulations 1998 (the Regulations), one or more copies of this certificate must be displayed at each place of business at which the policy holder employs persons covered by this policy)

Policy No: ASFO713451

1. Name of policy holder: HSL Utilities Ltd

2. Date of commencement of insurance: 29 April 2026

3. Date of expiry of insurance: 28 April 2027

We hereby certify that subject to paragraph 2:-

1. The policy to which this certificate relates satisfies the requirements of the relevant law applicable in Great Britain, Northern Ireland, the Isle of Man, the Island of Jersey, the Island of Guernsey and the Island of Alderney, or to offshore installations in any waters outside the United Kingdom to which the Employers' Liability (Compulsory Insurance) Act 1969 or any amending primary legislation applies (b); and
2. (a) the minimum amount of cover provided by this policy is no less than GBP5,000,000 (c)

Signed for
ASPEN INSURANCE UK LIMITED



Dan Osman
Chief Underwriting Officer
Aspen Insurance UK Limited

Notes

- (a) Where the employer is a company to which regulation 3(2) of the Regulations applies, the certificate shall state in a prominent place, either that the policy covers the holding company and all its subsidiaries, or that the policy covers the holding company and all its subsidiaries except any specifically excluded by name, or that the policy covers the holding company and only the named subsidiaries.
- (b) Specify applicable law as provided for in regulation 4(6) of the Regulations.
- (c) See regulation 3(1) of the Regulations and delete whichever of paragraphs 2(a) or 2(b) does not apply. Where 2(b) is applicable, specify the amount of cover provided by the relevant policy.

Note: The information outside the above box does not form part of the statutory certificate. Those Underwriters at Lloyd's on whose behalf this certificate is issued require the following information to be entered by the issuing intermediary:

Name and address of issuing intermediary: BJP Insurance Brokers Ltd t/a Focus
Southgate House
Alexandra Court
Wokingham
RG40 2BJ

Issuing intermediary's reference: - Not applicable
(if different from the Policy Number stated above)

It is recommended that you retain a copy of each certificate for a period of 40 years beginning on the date on which the insurance to which this relates commences or is renewed.

IMPORTANT NOTICE

Under the terms of the Employers' Liability (Compulsory Insurance) Regulations 2008 the requirement to display a certificate will be satisfied if it is made available in electronic form and each relevant employee to whom it relates has reasonable access to it in that form.